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Fill in this information to identify your	case:	
United States Bankruptcy Court for the: WESTERN DISTRICT OF OKLAHOMA		
Case number (if known):	Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13	 Check if amende

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

04/20

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together--called a joint case--and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your	Deanne	
	government-issued picture	First Name	First Name
	identification (for example, your driver's license or	Michelle	
	passport).	Middle Name	Middle Name
	1 1 - 7	York	
	Bring your picture identification to your meeting	Last Name	Last Name
	with the trustee.	Suffix (Sr., Jr., II, III)	Suffix (Sr., Jr., II, III)
2.	All other names you	Deanne	
	have used in the last 8	First Name	First Name
	years	Michelle	
	Include your married or maiden names.	Middle Name	Middle Name
		Beikmann	
	maluen names.	Last Name	Last Name
		Deanne	
		First Name	First Name
		Middle Name	Middle Name
		Marcella	
		Last Name	Last Name
_			
3.	Only the last 4 digits of your Social Security	xxx - xx - <u>7</u> <u>5</u> <u>0</u> <u>2</u>	xxx - xx
	number or federal Individual Taxpayer	OR	OR
	Identification number (ITIN)	9xx - xx	9xx - xx

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Deb	tor 1		ase number (if known)			
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):			
4.	Any business names and Employer	✓ I have not used any business names or EINs	I have not used any business names or EINs.			
	Identification Numbers (EIN) you have used in the last 8 years	Business name	Business name			
	Include trade names and doing business as names	Business name	Business name			
		Business name	Business name			
		EIN	EIN			
5.	Where you live	EIN	EIN If Debtor 2 lives at a different address:			
		629 Lakeside Circle				
		Number Street	Number Street			
		Edmond OK 73012 City State ZIP Code	City State ZIP Code			
		Oklahoma	1.9			
		County	County			
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to you at this mailing address.			
	Number Street		Number Street			
		P.O. Box	P.O. Box			
		City State ZIP Code	City State ZIP Code			
6.	Why you are choosing this district to file for	Check one:	Check one:			
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.			
		I have another reason. Explain. (See 28 U.S.C. § 1408.)	I have another reason. Explain. (See 28 U.S.C. § 1408.)			
Р	art 2: Tell the Court Ab	out Your Bankruptcy Case				
7.	The chapter of the Bankruptcy Code you	Check one: (For a brief description of each, see No for Bankruptcy (Form 2010)). Also, go to the top of	otice Required by 11 U.S.C. § 342(b) for Individuals Filing page 1 and check the appropriate box.			
	are choosing to file under	Chapter 7				
		Chapter 11				
		Chapter 12				
		Chapter 13				

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Debtor 1			Case number (if known)						
8.	How you will pay the fee	V	I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.						
			I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A).						
			By law, a juthan 150% fee in insta	t that my fee be waived (\) judge may, but is not required to 6 of the official poverty line that a allments). If you choose this opt Waived (Official Form 103B) ar	, waive your fee, and may do so applies to your family size and yo ion, you must fill out the Applica	ou are unable to pay the			
9.	Have you filed for bankruptcy within the		No						
	last 8 years?		Yes.						
		Distri	ct		When	Case number			
		Dietri	:at		MM / DD				
		Distri	Ct		When MM / DD	Case number			
		Distr	ct		When	Case number			
40	Are any bankruptcy cases pending or being	_	N.		MM / DD	/ YYYY			
10.		✓	No						
	filed by a spouse who is not filing this case with		Yes.						
	you, or by a business	Debt	or		Re	lationship to you			
	partner, or by an affiliate?	Distri	ct			Case number,			
					MM / DD	/ YYYY if known			
		Debt	or		Re	lationship to you			
		Distri	ct		When	Case number,			
					MM / DD	/ YYYY if known			
11.	Do you rent your residence?			o to line 12. as your landlord obtained an evid	ction judgment against you?				
				No. Go to line 12. Yes. Fill out Initial Statemer and file it as part of this bank	nt About an Eviction Judgment A cruptcy petition.	gainst You (Form 101A)			

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Debt	or 1				Case number (i	f known)		
Pa	Report About A	ny B	usine	esses You Own as	a Sole Proprietor			
12.	Are you a sole proprietor of any full- or part-time business?			Go to Part 4. Name and location of bu	usiness			
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.			Name of business, if any Number Street				
	If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.			Health Care Busin Single Asset Real Stockbroker (as d	box to describe your business: ness (as defined in 11 U.S.C. § 1 Estate (as defined in 11 U.S.C. lefined in 11 U.S.C. § 101(53A)) or (as defined in 11 U.S.C. § 101	§ 101(51B))	ZIP Cod	de
13.	Are you filing under Chapter 11 of the Bankruptcy Code, and are you a small business debtor or a debtor as defined by 11 U.S.C. § 1182(1)? For a definition of small business debtor, see 11 U.S.C. § 101(51D).	cho are mos	te a small business debtor or you are choosing to proceed under Subchapter V, you must a cost recent balance sheet, statement of operations, cash-flow statement, and federal income if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B). No. I am not filing under Chapter 11. No. I am filing under Chapter 11, but I am NOT a small business debtor according to the Bankruptcy Code. Yes. I am filing under Chapter 11, I am a small business debtor according to the definit				indicate that you at attach your me tax return to the definition in the	
				I am filing under Chapte Bankruptcy Code, and	I do not choose to proceed under er 11, I am a debtor according to I choose to proceed under Subc	the definition	in § 1182 hapter 11	2(1) of the
14.	Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own	wn o	No Yes.	we Any Hazardous I	Property or Any Propert	y That Nee	ds Imn	nediate Attention
	any property that needs immediate attention? For example, do you own perishable goods, or				s needed, why is it needed?			
	livestock that must be fed, or a building that needs urgent repairs?			Where is the property?	Number Street			
					City	;	State	ZIP Code

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Debtor 1 Case number (if known)	
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Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

 I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:							
☐ Incapacity.	I have a mental illness or a menta deficiency that makes me incapable of realizing or making rational decisions about finances.						
☐ Disability.	My physical disability causes me						

to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

You must check one:
☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.
Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.
☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.
Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.
I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

About Debtor 2 (Spouse Only in a Joint Case):

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:						
☐ Incapacity.	I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.					
☐ Disability.	My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.					
Active duty.	I am currently on active military duty in a military combat zone.					

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Debtor 1			Case number (if known)				
Р	art 6: Answer These	Questi	ons for Reporting Pu	ırpo	ses		
16.	What kind of debts do you have?	16a.			sumer debts? Consumer de marily for a personal, family, o		re defined in 11 U.S.C. § 101(8) sehold purpose."
		16b.	money for a business or in No. Go to line 16c. Yes. Go to line 17.	nvestr	ment or through the operation	of the	
		16c.	State the type of debts yo	u owe	that are not consumer or bus	iness	debts.
17.	Are you filing under Chapter 7?		No. I am not filing under	Chapt	er 7. Go to line 18.		
	Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?	✓			•	-	empt property is excluded and o distribute to unsecured creditors?
18.	How many creditors do you estimate that you owe?		1-49 50-99 100-199 200-999		1,000-5,000 5,001-10,000 10,001-25,000		25,001-50,000 50,001-100,000 More than 100,000
19.	How much do you estimate your assets to be worth?		\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million		\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million		\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion
20.	How much do you estimate your liabilities to be?		\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million		\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million		\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion

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Debtor 1		Ca	Case number (if known)						
Part 7:	Sign Below								
For you		I have examined this petition, and I declare under penalty of peand correct.	erjury that the information provided is true						
		If I have chosen to file under Chapter 7, I am aware that I may or 13 of title 11, United States Code. I understand the relief av proceed under Chapter 7.							
		If no attorney represents me and I did not pay or agree to pay fill out this document, I have obtained and read the notice requ							
		I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.							
		I understand making a false statement, concealing property, o connection with a bankruptcy case can result in fines up to \$29 or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.							
		X /s/ Deanne Michelle York Deanne Michelle York, Debtor 1	X Signature of Debtor 2						
		Executed on 05/14/2021 MM / DD / YYYY	Executed on MM / DD / YYYY						

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Debtor 1		Case number (if known)				
For your attorney, if you are represented by one If you are not represented by an attorney, you do not need to file this page.	I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.					
	X /s/ Mark B. Toffoli Signature of Attorney for Debtor	Date	05/14/2021 MM / DD / YYYY			
	Mark B. Toffoli Printed name					
	The Gooding Law Firm, P.C. Firm Name 650 City Place Building					
	Number Street 204 N. Robinson Avenue					
	Oklahoma City	OK	73102			
	City	State	ZIP Code			
	Contact phone (405) 948-1978	Email address mtoffo	oli@goodingfirm.com			
	9045 Bar number	OK State	_			

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F	ill in this inf	ormation to iden	tify your case	and this filing:		
D	ebtor 1	Deanne	Michelle	York		
		First Name	Middle Name	Last Name		
	ebtor 2 Spouse, if filing)	First Name	Middle Name	Last Name		
U	nited States Bar	nkruptcy Court for the:	WESTERN DIS	STRICT OF OKLAHOMA		
	ase number known)				☐ Checki amende	f this is an
					I	S
Of	ficial Form	106A/B				
Sc	hedule A/	B: Property				12/15
the filin she	asset in the cate g together, both et to this form. C	gory where you think it are equally responsible on the top of any additio	fits best. Be as cor for supplying corre mal pages, write yo	set only once. If an asset fits in mon inplete and accurate as possible. If ect information. If more space is ne our name and case number (if know ing, Land, or Other Real	two married people are eded, attach a separate n). Answer every question.	e an Interest In
			•	<u> </u>		o un interest in
1.	✓ No. Go	or have any legal or or to Part 2. here is the property	•	in any residence, building, la	nd, or similar property?	
2.	Add the dolla	r value of the portion	n you own for all	of your entries from Part 1, incite that number here	_	\$0.00
				ite that number here	7	
P	art 2: De	scribe Your Vehi	cles			
	-			n any vehicles, whether they all also report it on Schedule G: Ex	_	
3.	Cars, vans, tr	rucks, tractors, sport	utility vehicles, i	motorcycles		
	☑ No □ Yes					
4.				recreational vehicles, other ve t, fishing vessels, snowmobiles, r		
	✓ No ☐ Yes					
5.		•	-	of your entries from Part 2, indite that number here		\$0.00
Р	art 3: De	scribe Your Pers	onal and Hou	sehold Items		
Do	you own or ha	ve any legal or equit	able interest in a	ny of the following items?		Current value of the portion you own? Do not deduct secured claims or exemptions.
6.	_	oods and furnishing				
	Examples: Ma ☐ No	ajor appliances, furnitu	ıre, Iınens, china, I	kitchenware		
	Yes. De	scribe Household 629 Lakesid	goods and furnis	shings.		\$2,000.00

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Debt	ebtor 1 Case number (i	f known)
7.	Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, s music collections; electronic devices including cell phones, cameras, media players, gameras,	
	 No ✓ Yes. Describe (1) Cell Phone, (1) Television (1) Projector 629 Lakeside Circle 	\$100.00
8.	Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art ob stamp, coin, or baseball card collections; other collections, memorabilia, collectibles	jects;
	✓ No ☐ Yes. Describe	
9.	Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clucanoes and kayaks; carpentry tools; musical instruments	ubs, skis;
	✓ No ☐ Yes. Describe	
10.	Examples: Pistols, rifles, shotguns, ammunition, and related equipment	
	✓ No ☐ Yes. Describe	
11.	Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories	
	☐ No ☐ Yes. Describe Wearing apparel. 629 Lakeside Circle	\$150.00
12.	2. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, v gold, silver	vatches, gems,
	✓ No ☐ Yes. Describe	
13.	8. Non-farm animals Examples: Dogs, cats, birds, horses	
	✓ No ☐ Yes. Describe	
14.	 Any other personal and household items you did not already list, including any health aids you did not list 	ou
	✓ No ☐ Yes. Give specific information	
15.	5. Add the dollar value of all of your entries from Part 3, including any entries for pages you hav attached for Part 3. Write the number here	

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Debi	or 1			Case nu	mber (if known)	
P	art 4:	Describe You	ır Finan	cial Assets		
Do	you own	or have any legal	or equitab	ole interest in any of the following?		Current value of the portion you own? Do not deduct secured claims or exemptions.
16.	Cash Example	s: Money you hav	e in your w	vallet, in your home, in a safe deposit box, and on hand v	vhen you file your	
	✓ No ☐ Yes				Cash:	
17.	•	-	ses, and otl	er financial accounts; certificates of deposit; shares in cr her similar institutions. If you have multiple accounts wit		
	□ No			Institution name:		
	∀ Yes			Institution name:		
	17.	 Checking ac 	count:	Checking account with BancFirst Account ending in 4926		
						\$2,541.00
18.	Example	mutual funds, or pas: Bond funds, inv	-	aded stocks ccounts with brokerage firms, money market accounts		
	✓ No ☐ Yes		Institutio	on or issuer name:		
19.	-	olicly traded stock est in an LLC, par		ests in incorporated and unincorporated businesse and joint venture	s, including	
	info	. Give specific rmation about n	Name o	f entity:	% of ownership:	
20.	Negotial	ole instruments incl	lude perso	and other negotiable and non-negotiable instrument nal checks, cashiers' checks, promissory notes, and mo you cannot transfer to someone by signing or delivering	ney orders.	
	info	. Give specific mation about	Issuer n	ame:		
21.		ent or pension ac s: Interests in IRA profit-sharing pl	, ERISA, K	eogh, 401(k), 403(b), thrift savings accounts, or other pe	ension or	
	_	. List each ount separately.	Type of a	ccount: Institution name:		

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Debt	tor 1	Case number	r (if known)	
22.		made so that you may continue service or use from a call and rent, public utilities (electric, gas, water), telecomm		
	□ No			
	✓ Yes	Institution name or individual:		
	Prepaid rent:	Gary Beikman		\$5,400.00
23.	Annuities (A contract for a specific periodic ✓ No ✓ Yes Issuer name a	c payment of money to you, either for life or for a numb	er of years)	
24.	_	unt in a qualified ABLE program, or under a qualifi	ed state tuition pro	ogram.
	26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)			3
	✓ No ☐ Yes Institution nan	ne and description. Separately file the records o	f any interests. 11	1 U.S.C. § 521(c)
25.	, ·	operty (other than anything listed in line 1), and rig	jhts or	
	powers exercisable for your benefit			
	✓ No ☐ Yes. Give specific information about ther			
26.	Patents, copyrights, trademarks, trade se	ecrets, and other intellectual property; s, proceeds from royalties and licensing agreements		
	✓ No			
	Yes. Give specific information about ther			
27.	Licenses, franchises, and other general in Examples: Building permits, exclusive licenses	ntangibles ses, cooperative association holdings, liquor licenses,	professional license	S
	✓ No			
	Yes. Give specific information about ther			
Mor	ney or property owed to you?			Current value of the
				portion you own? Do not deduct secured claims or exemptions.
28.	Tax refunds owed to you			
	⋈ No			
	Yes. Give specific information		Federa	al <u>:</u>
	about them, including whethe you already filed the returns		State:	
	and the tax years		Local:	
	,		Local.	-
29.	Family support			
		spousal support, child support, maintenance, divorce s	ettiement, property s	settiement
	No✓ Yes. Give specific information		Alimony:	\$0.00
	Support: Back Family Support Paym	ents. Amt: \$21,431.00	,	\$0.00
		•	Maintenance: Support:	\$21,431.00
			Divorce settlemen	
			Property settleme	ent: \$0.00

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Debt	or 1 Case number (if known)	
30.	Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else	
	✓ No ☐ Yes. Give specific informatio]
31.	Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance.	nce
	 No Yes. Name the insurance company of each policy and list its value	render or refund value:
32.	Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died	
	✓ No ☐ Yes. Give specific informatio]
33.	Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue	_
	✓ No ☐ Yes. Describe each claim]
34.	Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims	
	✓ No ☐ Yes. Describe each claim]
35.	Any financial assets you did not already list	
	✓ No ☐ Yes. Give specific information]
36.	Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here	\$29,372.00
Pa	art 5: Describe Any Business-Related Property You Own or Have an Interest In. List an	y real estate in Part 1
37.	Do you own or have any legal or equitable interest in any business-related property?	
	✓ No. Go to Part 6. ☐ Yes. Go to line 38.	
		Current value of the portion you own? Do not deduct secured
38.	Accounts receivable or commissions you already earned	claims or exemptions.
	✓ No ☐ Yes. Describe	7
	L res. Describe	

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Debt	or 1 Case number (if known)	
39.	Office equipment, furnishings, and supplies Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices	
	✓ No ☐ Yes. Describe	
40.	Machinery, fixtures, equipment, supplies you use in business, and tools of your trade	
	✓ No Yes. Describe	
41.	Inventory	
	✓ No ☐ Yes. Describe	
42.	Interests in partnerships or joint ventures	
40	✓ No ☐ Yes. Describe Name of entity: % of ownership:	
43.	Customer lists, mailing lists, or other compilations No	
	Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?	
	☐ No ☐ Yes. Describe	
44.	Any business-related property you did not already list	I
	✓ No✓ Yes. Give specific information.	
45.	Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here	\$0.00
P	art 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have a If you own or have an interest in farmland, list it in Part 1.	n Interest In.
46.	Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?	
	✓ No. Go to Part 7. ☐ Yes. Go to line 47.	
		Current value of the portion you own? Do not deduct secured claims or exemptions.
47.	Farm animals Examples: Livestock, poultry, farm-raised fish	•
	✓ No Yes]
48.	Cropseither growing or harvested	
	✓ No ☐ Yes. Give specific	
	information	l

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Debt	or 1	Case nu	ımber (if known)	
49.	Farm and fishing equipment, implements, machinery, fixtures,	, and tools of trade		
	✓ No Yes]
50.	Farm and fishing supplies, chemicals, and feed			_
	✓ No Yes]
51.	Any farm- and commercial fishing-related property you did no	t already list		
	✓ No Yes. Give specific information]
52.	Add the dollar value of all of your entries from Part 6, including attached for Part 6. Write that number here	g any entries for pages ye	ou have	\$0.00
Pa	art 7: Describe All Property You Own or Have an Ir	nterest in That You [Did Not List Above	e
53.	Do you have other property of any kind you did not already lis Examples: Season tickets, country club membership	st?		
	✓ No✓ Yes. Give specific information.			
54.	Add the dollar value of all of your entries from Part 7. Write th	at number here	>	\$0.00
Pa	art 8: List the Totals of Each Part of this Form			
55.	Part 1: Total real estate, line 2		→	\$0.00
56.	Part 2: Total vehicles, line 5	\$0.00		
57.	Part 3: Total personal and household items, line 15	\$2,250.00		
58.	Part 4: Total financial assets, line 36	\$29,372.00		
59.	Part 5: Total business-related property, line 45	\$0.00		
60.	Part 6: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7: Total other property not listed, line 54	+\$0.00		
62.	Total personal property. Add lines 56 through 61	\$31,622.00	Copy personal property total	+ \$31,622.00
63.	Total of all property on Schedule A/B. Add line 55 + line 62			\$31,622.00

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Fill in this inf	ormation to iden	tify your o	case:				
Debtor 1	Deanne	Michelle	York				
Debtor 2	First Name	Middle Name	e Last Name				
(Spouse, if filing)	First Name	Middle Name					
United States Bar	nkruptcy Court for the:	WESTER	N DISTRICT OF OI	KLAH	OMA_	Check if this is an	
Case number (if known)						amended filing	
Official Form	106C						
Schedule C	The Property	You Cl	aim as Exemp	ot		04/19	
Using the proper space is needed,	ty you listed of chedu	le A/B: Prope this page a	erty (Official Form 1	106A/B) as your source	are equally responsible for supplying correct inform, list the property that you claim as exempt. If m ecessary. On the top of any additional pages,	
is to state a specific exempted up to the a receive certain bene exemption of 100% of	perty you claim as exem dollar amount as exemp amount of any applicabl fits, and tax-exempt reti of fair market value unde ed to exceed that amou	ot. Alternative e statutory lin rement funds er a law that li	ely, you may claim the f mit. Some exemptions- may be unlimited in d mits the exemption to a	full fair r such a: Iollar am a particu	narket value of the s those for health ai nount. However, if y ılar dollar amount a	property being ds, rights to rou claim an nd the value of the	
Part 1: Ide	entify the Propert	y You Cla	aim as Exempt				
1. Which set of	exemptions are you	claiming?	Check one only,	even if	your spouse is filin	g with you.	
_	claiming state and				11 U.S.C. § 522(b)(3)	
☐ You are	claiming federal exc	emptions.	11 U.S.C. § 522(b)((2)			
2. For any prop	erty you list on Sche	edule A/B th	at you claim as exer	mpt, fill	in the information	n below.	
	of the property and li t lists this property	ne on	Current value of the portion you own		nt of the otion you claim	Specific laws that allow exemption	
			Copy the value from Schedule A/B		conly one box for exemption		
Brief description:			\$2,000.00	. ☑ .	\$2,000.00	Okla. Stat. tit. 31 § 1(A)(3)	
Household goods	•				100% of fair	_	
629 Lakeside Circ	le				market		
Line from Schedule	e A/B: 6			`	/alue, up to any		
Brief description: (1) Cell Phone, (1) 629 Lakeside Circ	Television (1) Projectle	etor	\$100.00		\$100.00 100% of fair market	Okla. Stat. tit. 31 § 1(A)(3)	
Line from Schedule	e A/B: 7			١	/alue, up to any		
3. Are you clain	ning a homestead ex	emption of I	more than \$170.3503	?			
•	justment on 4/01/22 ar	-			on or after the date	e of adjustment.)	
□ No	you acquire the prope	erty covered	by the exemption with	nin 1,21	5 days before you	filed this case?	

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Debtor 1	Case number (if known)				
Part 2: Additional Page					
Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption		
	Copy the value from Schedule A/B	Check only one box for each exemption			
Brief description: Wearing apparel. 629 Lakeside Circle	<u>\$150.00</u>	\$150.00 100% of fair market value, up to any			
Line from Schedule A/B:11					
Brief description: Checking account with BancFirst Account ending in 4926	\$2,541.00	\$1,905.75 100% of fair market value, up to any			
Line from Schedule A/B:17.1					
Brief description: Back Family Support Payments Line from Schedule A/B:	\$21,431.00	\$21,431.00 100% of fair market value, up to any	Okla. Stat. tit. 31 § 1(A)(19)		

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Fill in this inf	ormation to iden	tify your case:				
Debtor 1	Deanne	Michelle	York			
Daltara	First Name	Middle Name	Last Name			
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name			
United States Bar	nkruptcy Court for the:	WESTERN DIS	TRICT OF OKLAHO	И А.		
Case number					☐ Check if this	is an
(if known)					amended filin	
Official Form	106D					
Schedule D:	Creditors Wh	o Have Clai	ms Secured by	Property		12/15
correct information. On the top of any ad	= = = = = = = = = = = = = = = = = = = =	I, copy the Additiona Ir name and case nu			· · · · -	
☑ No. Ch		mit this form to t	•	er schedules. Yo	ou have nothing else to	report on this form
Part 1: Lis	t All Secured Cla	nims				
claim, list the one	ed claims. If a creditor creditor separately for particular claim, list the	each claim. If more	e than	Column A Amount of clair Do not deduct value of collate	the that supports this	Column C Unsecured portion If any
2.1		Describe the secures the o	property that claim:			
Creditor's name						
Number Street						
City Who owes the del Debtor 1 only Debtor 2 only Debtor 1 and D At least one of Check if this of to a communication.	Debtor 2 only the debtors and anoth	Continger Unliquidat Disputed Nature of lien An agreer Statutory Judgment		mortgage or secu		
Date debt was inc	urred	Last 4 digits	of account number		_	
that number here:	of your entries in Colum e of your form, add the c			\$0. \$0.	=	

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Fill in this inf	ormation to iden	tifv vour ca	ase:	I		
Debtor 1	Deanne	Michelle	York			
Dobtor 1	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse, if filing)	First Name	Middle Name	Last Name			
United States Bar	nkruptcy Court for the:	WESTERN	DISTRICT OF OKLAHOMA			
Case number (if known)					Check if this is a amended filing	an
Official Form	106E/F					
Schedule E/	F: Creditors V	Vho Have	Unsecured Claims			12/15
Do not include an If more space is n to this page. On t	y creditors with parti eeded, copy the Part	ally secured you need, fil nal pages, w	and on Schedule G: Executory Co claims that are listed in Schedule I it out, number the entries in the rite your name and case number (secured Claims	D: Creditors Who Holboxes on the left. Atta	ld Claims Secur	red by Property.
1. Do any credit	tors have priority uns	secured claim	ns against you?			
☑ No. Go ☐ Yes.	to Part 2.					
claim. For eac	ch claim listed, identify d ority and nonpriority an	what type of o	creditor has more than one priority unclaim it is. If a claim has both priority unch as possible, list the claims in alpl	and nonpriority amount	s, list that	ely for each
(For an explar	nation of each type of o	claim, see the	instructions for this form in the instru	ction booklet. Total claim	Priority amount	Nonpriority amount
2.1					amount	amount
Priority Creditor's Nam			Last 4 digits of account number			
Friority Creditor's Ivair	ie		When was the debt incurred?			
Number Street						
City	State ZIP	Code	As of the date you file, the claim Contingent Unliquidated Disputed	is: Check all that apply		
Who incurred the			Type of PRIORITY unsecured cla	im:		
Debtor 1 only			☐ Domestic support obligations			
Debtor 2 only Debtor 1 and D	Debtor 2 only		Taxes and certain other debts		t	
	the debtors and anoth	er	Claims for death or personal in intoxicated	jury wrille you were		
Check if this o	claim is for a commu	nity debt	Other. Specify			
Is the claim subje	ct to offset?		_			
□ No □ Yes						

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Debtor 1	Case number (if known)				
Part 2: List All of Your NONPRIORIT	TY Unsecured Claims				
3. Do any creditors have nonpriority unsecured	d claims against you? part. Submit this form to the court with your other schedules.				
Yes					
	in the alphabetical order of the creditor who holds each claim. cured claim, list the creditor separately for each claim. For each claim				
· · · · · · · · · · · · · · · · · · ·	uded in Part 1. If more than one creditor holds a particular claim, list the				
4.1		Total claim			
	Lost 4 digits of account number	\$47,227.88			
Automotive Finance Corporation Nonpriority Creditor's Name	Last 4 digits of account number				
d/b/a AFC	When was the debt incurred?				
Number Street 13085 Hamilton Crossing Blvd., Ste. 300	As of the date you file, the claim is: Check all that apply.				
10000 Hammon Orossing Diva., Otc. 000	Contingent □ Unliquidated				
	— ☐ Disputed				
Carmel IN 46032					
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:				
Debtor 1 only	Student loans				
Debtor 2 only	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 				
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts				
At least one of the debtors and another	Other. Specify				
☐ Check if this claim is for a community debt	Judgement				
Is the claim subject to offset?					
☑ No					
Yes					
4.2		\$13,438.00			
Capital One	Last 4 digits of account number 5 9 1 8				
Nonpriority Creditor's Name	When was the debt incurred? 10/2017				
Attn: Bankruptcy Number Street	As of the date you file, the claim is: Check all that apply.				
PO Box 30285	Contingent				
	Unliquidated				
Salt Lake City UT 84130	Disputed				
Salt Lake City UT 84130 City State ZIP Code	Type of NONPRIORITY unsecured claim:				
Who incurred the debt? Check one.	Student loans				
Debtor 1 only	☐ Obligations arising out of a separation agreement or divorce				
Debtor 2 only	that you did not report as priority claims				
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts				
At least one of the debtors and another	☑ Other. Specify				
Check if this claim is for a community debt	Credit Card				
Is the claim subject to offset?					
No Voc					
Yes					

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Debtor 1	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
Keys for Hope, PLLC	Last 4 digits of account number	
Nonpriority Creditor's Name 14020 N. Western Ave.	When was the debt incurred? 02/2021	
Edmond OK 73013 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical Bill	
Is the claim subject to offset? ☑ No ☐ Yes		

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Debtor 1			Case number (if known)
Part 3: Li	ist Others to B	e Notified Ab	out a Debt That You Already Listed
For example, creditor in Pa debts that yo	if a collection agend arts 1 or 2, then list th	y is trying to collect ne collection agence 2, list the addition	about your bankruptcy, for a debt that you already listed in Parts 1 or 2. ct from you for a debt you owe to someone else, list the original cy here. Similarly, if you have more than one creditor for any of the al creditors here. If you do not have additional parties to be notified for is page.
James Vogt			On which entry in Part 1 or Part 2 did you list the original creditor?
Name 101 Park Avenu	ue. Suite 1010		Line 4.1 of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street			Part 2: Creditors with Nonpriority Unsecured Claims
Oklahoa City	OK State	73102 ZIP Code	Last 4 digits of account number 1 9 2 5
Rubin & Levin	PC		On which entry in Part 1 or Part 2 did you list the original creditor?
135 N. Pennsylvania Street, Suite 1400 Number Street			Line 4.1 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims
 Indianapolis	IN	46204	— Last 4 digits of account number
City	State	ZIP Code	

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Debtor 1	Case number (if known)	

Part 4: Add the Amounts for Each Type of Unsecured Claim

Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only.
 U.S.C. § 159. Add the amounts for each type of unsecured claim.

			Total claim
Total claims from Part 1	6a.	Domestic support obligations	6a. \$0.00
	6b.	Taxes and certain other debts you owe the government	6b. \$0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c. \$0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d. +\$0.00
	6e.	Total. Add lines 6a through 6d.	6d. \$0.00
			Total claim
Total claims from Part 2	6f.	Student loans	6f. \$0.00
	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h. \$0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. + \$61,245.88
	6j.	Total. Add lines 6f through 6i.	6j. \$61,245.88

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Fill in this information to identify your case:						
Debtor 1	Deanne First Name	Michelle Middle Name	York Last Name			
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name			
United States Ban	kruptcy Court for the:	WESTERN DIS	STRICT OF OKLAHOMA			
Case number (if known)						

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.

 Yes. Fill in all of the information below even if the contracts or leases are lissed entries. Property (Official Form 106A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease
 is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of
 executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

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Fil	l in this inf	ormation to ide	ntify your case	:	
Del	otor 1	Deanne	Michelle	York	
		First Name	Middle Name	Last Name	
	otor 2 ouse, if filing)	First Name	Middle Name	Last Name	_
(Ορ	ouse, ii iiiiig)	i iist ivaine	Wildele Harrie	Last Name	
Uni	ted States Bar	nkruptcy Court for the	EXESTERN DIS	STRICT OF OKLAHOMA	_
	se number nown)				☐ Check if this is an
(11 K					amended filing
O	=	40011			
	cial Form				
Scł	redule H:	Your Codeb	tors		12/15
2.	No Yes Within the last include Arizo No. Go Yes. Di No No Yes In Column 1,	st 8 years, have you ona, California, Idah to line 3. d your spouse, form s	lived in a communo, Louisiana, Never spouse, or legeleptors. Do not incl	vada, New Mexico, Puerto gal equivalent live with you ude your spouse as a code	ory? (Community property states and territories Rico, Texas, Washington, and Wisconsin.) at the time? btor if your spouse is filing with you. List the
	creditor on S	_	Form 106D), Sche	dule E/F (Official Form 106	or cosigner. Make sure you have listed the E/F), or <i>Schedule G</i> (Official Form 106G). Use
	Column 1:	Your codebtor			Column 2: The creditor to whom you owe the debt
					Check all schedules that apply:
3.1	Nathanie	l York			
					□ Schedule D. line
	Name	_			Schedule D, line
	Name	1st Street Street			☐ Schedule D, line ☐ Schedule E/F, line 4.1
	Name 820 NE 6	1st Street			_

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Fi	II in this inform	nation to identif	y your case:				
[Debtor 1	Deanne First Name	Michelle Middle Name	York Last Name		Cha	ck if this is:
	Debtor 2					1_	
	Spouse, if filing)	First Name	Middle Name	Last Name		$- \Box$	An amended filing
ι	Jnited States Bankr	uptcy Court for the:	WESTERN D	STRICT OF OK	LAHOMA	_ ㅁ	A supplement showing postpetition chapter 13 income as of the following date:
	Case number if known)				_		MM / DD / YYYY
Off	icial Form 10	6l					WIWI/DD/TTTT
Sc	hedule I: Yo	ur Income					12/15
respe inclu abou your	onsible for supplying ide information abou it your spouse. If mo name and case num	rate as possible. If two correct information. t your spouse. If you a re space is needed, at ber (if known). Answe	If you are married and you are separated and you tach a separate shor every question.	and not filing jointly our spouse is not	, and your spo iling with you,	use is living do not inclu	with you, de information
1.	Fill in your emplo	yment		Debtor 1			Debtor 2 or non-filing spouse
	If you have more than		yment status				Employed
	job, attach a separate with information about		ymem status	✓ Employed✓ Not employed	ed		☐ Not employed
	additional employers.	Occup	ation	Graphic Desig	ner		
	Include part-time, sea or self-employed wor	k	yer's name	Edmond Media	Publishing, L	LC	
	Occupation may inclustudent or homemake	Fmnlo	yer's address				
	applies.			Number Street			Number Street
				City	State	Zip Code	City State Zip Code
		How Id	ong employed th	ere? 3 years	3		
Pa	art 2: Give D	etails About Mo	onthly Income	e			
Esti	mate monthly inco	ome as of the date y	ou file this form	. If you have noth	ing to report fo	or any line,	write \$0 in the space. Include your
	· .	s you are separated. use have more than one	employer combine	the information for	all employers fo	r that nerson	on the lines below. If
-		ch a separate sheet to the			an employers to	that person	on the lines below. If
					For De	ebtor 1	For Debtor 2 or non-filing spouse
2.		ss wages, salary, ar b. If not paid monthly			2. _\$	3,441.00	
3.	Estimate and list	monthly overtime p	ay.		3. +	\$0.00	
4.	Calculate gross in	ncome. Add line 2	- line 3.		4	3,441.00	

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Deb	tor 1			Case nur	nbe	er (if knov	/n)			
			ı	For Debtor 1		For Debt		se .		
	Сор	y line 4 here	4.	\$3,441.00						
5.	List	all payroll deductions:								
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$482.00						
	5b.	Mandatory contributions for retirement plans	5b.	\$0.00						
	5c.	Voluntary contributions for retirement plans	5c.	\$0.00						
	5d.	Required repayments of retirement fund loans	5d.	\$0.00						
	5e.	Insurance	5e.	\$555.14						
	5f.	Domestic support obligations	5f.	\$0.00						
	_	Union dues	5g.	\$0.00						
	5h.	Other deductions. Specify:	5h. +	\$0.00						
6.	Add 5g +	the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5h.	6.	\$1,037.14						
7.	Cald	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$2,403.86						
8.	List	all other income regularly received:								
	8a.	Net income from rental property and from operating a business, profession, or farm	8a.	\$0.00						
		Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.								
	8b.	Interest and dividends	8b.	\$0.00						
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive	8c.	\$0.00						
		Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.								
	8d.	Unemployment compensation	8d.	\$0.00						
	8e.	Social Security	8e.	\$0.00						
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) or any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.								
		Specify:	8f.	\$0.00						
	8g.	Pension or retirement income	8g.	\$0.00						
	8h.	Other monthly income.								
		Specify:	8h. +	\$0.00						
9.	Add	all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9.	\$0.00						
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$2,403.86	+]=		\$2,403.86
11.	Inclu	e all other regular contributions to the expenses that you list in S de contributions from an unmarried partner, members of your household, your de ds or relatives.			nd (other				
	Do n	ot include any amounts already included in lines 2-10 or amounts that are not ava	ailable to	pay expenses listed in	n So	chedule J.				••••
	Spe	cify:					_ 11.	+	_	\$0.00
12.	inco	the amount in the last column of line 10 to the amount in line 11. me. Write that amount on the Summary of Your Assets and Liabilities a					12.		_	\$2,403.86
12		applies. you expect an increase or decrease within the year after you file th	nie for-	m2						mbined onthly income
13.		No. Yes. Explain:	113 1011							

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F	ill in this inforn	nation to identif	y your case:			Oh -		:	
	Debtor 1	Deanne	Michelle	York			ck if this An ame	ns: ended filing	
		First Name	Middle Name	Last N		$ \vdash$	A supp	lement showing r 13 expenses as	
l	Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last N	ame		•	ng date:	
	United States Bank	ruptcy Court for the:	WESTERN DIST	RICT OF	OKLAHOMA		MM / D	D / YYYY	<u> </u>
	Case number (if known)								
Of	ficial Form 10	06J				_			
Sc	hedule J: Yo	our Expenses	3						12/15
nan	rect information. If m ne and case number (ttach another sheet to ery question.		er, both are equally resp On the top of any additi				
1.	Is this a joint cas								
2.	No	Debtor 2 live in a sep ones. Debtor 2 must file pendents?	Official Form 106J-2, No Yes. Fill out this info	rmation	for Separate Househousehousehousehousehousehousehouseh	ionshi		Dependent's	Does dependent live with you?
	2.		for each dependent		Daughter	<u> </u>		13 years	□ No
	Do not state the dep names.	endents'			Daughter			8 years	- ☑ Yes □ No - ☑ Yes
								-	No Yes
									No Yes No
3.	Do your expenses of people other that your dependents?	•	✓ No ☐ Yes						-
			ng Monthly Expe						
ехр			-	_	nis form as a supplement dule J, check the box a		-	-	
		_	nment assistance if yo lule I: Your Income (Off					Your expens	ses
4.			nses for your reside ny rent for the ground					4	\$0.00
	If not included in	line 4:							
	4a. Real estate t	axes						4a	\$0.00
	4b. Property, hor	meowner's, or renter's	s insurance					4b	\$45.00
	4c. Home mainte	enance, repair, and up	okeep expenses					4c	\$0.00
	4d. Homeowner's	s association or cond	ominium dues					4d	\$0.00

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Deb	otor 1	Case number (if known)				
		Your exper	ises			
5.	Additional mortgage payments for your residence, such as home equity loans	5	\$0.00			
6.	Utilities:					
	6a. Electricity, heat, natural gas	6a.	\$150.00			
	6b. Water, sewer, garbage collection	6b	\$50.00			
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c	\$115.00			
	6d. Other. Specify:	6d	\$0.00			
7.	Food and housekeeping supplies	7.	\$852.00			
8.	Childcare and children's education costs	8.	\$150.00			
9.	Clothing, laundry, and dry cleaning	9.	\$192.00			
10.	Personal care products and services	10.	\$74.00			
11.	Medical and dental expenses	11.	\$168.00			
12.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	\$240.00			
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$75.00			
14.	Charitable contributions and religious donations	14.	\$0.00			
15.	Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.					
	15a. Life insurance	15a	\$0.00			
	15b. Health insurance	15b.	\$0.00			
	15c. Vehicle insurance	15c.	\$0.00			
	15d. Other insurance. Specify:	15d.	\$0.00			
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16.	\$0.00			
17.	Installment or lease payments:					
	17a. Car payments for Vehicle 1	17a.	\$0.00			
	17b. Car payments for Vehicle 2	17b.	\$0.00			
	17c. Other. Specify:	17c	\$0.00			
	17d. Other. Specify:	17d	\$0.00			
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$0.00			
10						
19.	Specify:	19.	\$0.00			

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Debt	or 1		Case number (if known)	
20.		r real property expenses not included in lines 4 or 5 of this form or on dule I: Your Income.		
	20a.	Mortgages on other property	20a	\$0.00
	20b.	Real estate taxes	20b	\$0.00
	20c.	Property, homeowner's, or renter's insurance	20c	\$0.00
	20d.	Maintenance, repair, and upkeep expenses	20d	\$0.00
	20e.	Homeowner's association or condominium dues	20e.	\$0.00
21.	Other	r. Specify:	21. +	
22.	Calcu	ulate your monthly expenses.		
	22a.	Add lines 4 through 21.	22a	\$2,111.00
	22b.	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2.	22b	
	22c.	Add line 22a and 22b. The result is your monthly expenses.	22c	\$2,111.00
23.	Calcu	ulate your monthly net income.		
	23a.	Copy line 12 (your combined monthly income) from Schedule I.	23a	\$2,403.86
	23b.	Copy your monthly expenses from line 22c above.	23b. –	\$2,111.00
	23c.	Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c	\$292.86
24.	Do yo	ou expect an increase or decrease in your expenses within the year after you	u file this form?	
		ample, do you expect to finish paying for your car loan within the year or do you expect your ment to increase or decrease because of a modification to the terms of your mortgage?	ortgage	
	V	No.		
		Yes. Explain here:		
		None.		

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	Fill in this inf	ormation to iden	tify your case	e:	I	
	Debtor 1	Deanne	Michelle	York		
	Jebior 1	First Name	Middle Name	Last Name		
	Debtor 2					
(Spouse, if filing)	First Name	Middle Name	Last Name		
ι	Inited States Bar	nkruptcy Court for the:	WESTERN DI	STRICT OF OKLAHOMA		
	Case number if known)				☐ Check i	f this is an
					amende	ed filing
0	fficial Form	106Sum				
S	ummary o	f Your Assets	and Liabilit	ties and Certain Stat	istical Information	12/15
sch	rect information. nedules after you	Fill out all of your sche	dules first; then co you must fill out a	e are filing together, both are equa mplete the information on this form new Summary and check the box a	n. If you are filing amended	
	and H Su	mmarize four As	SSEIS			
,	0.1		4004/5)			Your assets Value of what you own
1.		: Property (Official For	•			£0.00
	1a. Copy line	e 55, Total real estate,	from Schedule A/	В		\$0.00
	1b. Copy line	e 62, Total personal pro	operty, from Sche	dule A/B		\$31,622.00
	1c. Copy line	e 63, Total of all proper	ty on Schedule A	/B		\$31,622.00
F	Part 2: Su	mmarize Your Li	abilities			
						Your liabilities Amount you owe
2.				Property (Official Form 106D) claim, at the bottom of the last p	age of Part 1 of Schedule D	\$0.00
3.				s (Official Form 106E/F)		\$0.00
	sa. Copy the	total claims from Part	1 (priority unsecu	red ciaims) from line 6e of Sched	dule E/F	
	3b. Copy the	total claims from Part	2 (nonpriority uns	secured claims) from line 6j of Sc	hedule E/F	+ \$61,245.88
					Your total liabilities	\$61,245.88
i	Part 3: Su	mmarize Your In	come and Ex	penses		

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Debtor 1		Case number	Case number (if known)						
P	art 4:	Answer These Questions for Administrative and Statistical Recor	ds						
6.	Are you	e you filing for bankruptcy under Chapters 7, 11, or 13?							
	No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedule Yes								
7.	What k	What kind of debt do you have?							
		dividual primarily for a . 28 U.S.C. § 159.	personal,						
	√ Yo								
8.	From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.								
9.	Copy t	Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:							
			Total claim						
	From P	art 4 on Schedule E/F, copy the following:							
	9a. Do	mestic support obligations. (Copy line 6a.)		_					
	9b. Ta	xes and certain other debts you owe the government. (Copy line 6b.)		_					
	9c. Cla	aims for death or personal injury while you were intoxicated. (Copy line 6c.)		_					
	9d. St	udent loans. (Copy line 6f.)		_					
		oligations arising out of a separation agreement or divorce that you did not report as ority claims. (Copy line 6g.)		_					
	9f. De	bts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	·	<u> </u>					
	9g. Tc	tal. Add lines 9a through 9f.							

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Fill in this in	formation to i	identify your case	9 :	
Debtor 1	Deanne	Michelle	York	_
	First Name	Middle Name	Last Name	
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	_
(Spouse, il lilling)	riistivaille	Middle Name	Last Name	
United States Ba	inkruptcy Court for	r the: WESTERN DIS	STRICT OF OKLAHOMA	_
Case number				☐ Check if this is an
(if known)				amended filing
Official Form	106Dac			
Official Form				
Declaration	About an I	ndividual Debt	tor's Schedules	12/15
\$250,000, or impriso	_		n connection with a bankruptcy . §§ 152, 1341, 1519, and 3571.	case can result in tines up to
	or agree to pay	someone who is NOT	an attorney to help you fill o	out bankruptcy forms?
☑ No				
Yes. N	lame of person			Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).
X /s/ Dean	ne Michelle Yo	rk	X Signature of Debtor 2	this declaration and that they are
Date <u>05/</u> MN	/14/2021 // DD / YYYY		Date MM / DD / YYY	Y

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Fill in this inf	ormation to i	dentify your case:				
Debtor 1	Deanne	Michelle	York			
	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse, if filing)	First Name	Middle Name	Last Name			
United States Ba	nkruptcy Court for	the: WESTERN DIS	TRICT OF OKLAH	IOMA_		
Case number					Chapte if this is an	
(if known)					Check if this is an amended filing	
Official Form	107					
		Affairs for Ind	ividuale Filino	g for Bankruptcy	,	04/19
	i i inanoiai	7 trail o for ma	TVIGGGIO I IIIIIg	J TOT Barma aptoy		0-17-1-0
your name and case	number (if known)	. Answer every question		the top of any additional page	ges, write	
4 What is						
 What is your Married 	current marital s	status ?				
✓ Not marri	ed					
2. During the la	st 3 years, have	you lived anywhere ot	her than where you	live now?		
☑ No						
Yes. List	all of the places y	ou lived in the last 3 year	ars. Do not include w	here you live now.		
(Community p	• •	•	• .	ent in a community prope o, Louisiana, Nevada, New	erty state or territory? Mexico, Puerto Rico, Texas,	
✓ No		_				
Yes. Mak	ke sure you fill out	Schedule H: Your Cod	lebtors (Official Form	106H).		

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Debtor 1			Case number (if known)						
Р	art 2:	Explain the Sources of	Your Income						
4.	Fill in the If you are	have any income from employ total amount of income you received filing a joint case and you have incon . Fill in the details.	from all jobs and all businesses, i	ncluding part-time activities.	ar or the two previous ca	lendar years?			
			Debtor 1		Debtor 2				
			Sources of income Check all that apply.	Gross income (before deductions and exclusions	Sources of income Check all that apply.	Gross income (before deductions and exclusions			
From January 1 of the current year until the date you filed for bankruptcy:		•	Wages, commissions, bonuses, tips	\$10,000.00 (est.)	Wages, commissions, bonuses, tips				
			Operating a business		Operating a business				
For the last calendar year: (January 1 to December 31, 2020) YYYY		calendar year:	Wages, commissions, bonuses, tips	\$38,967.00	Wages, commissions, bonuses, tips				
		December 31,	Operating a business		Operating a business				
For the calendar year before that: (January 1 to December 31,		ndar year before that:	Wages, commissions, bonuses, tips	\$34,768.00	Wages, commissions, bonuses, tips				
			Operating a business		Operating a business				
5. Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security; unemployment; and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are in a joint case and you have income that you received together, list it only once under Debtor 1.									
List each source and the gross income from each source separately. Do not include income that you listed in line 4.									
	✓ No ☐ Yes	. Fill in the details.							

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Debtor 1		Case number (if known)					
P	art 3:	List Certain Paym	nents You Made Before Y	ou Filed for Bankruptcy			
6.	Are eithe	er Debtor 1's or Debtor	2's debts primarily consumer d	lebts?			
	☑ No.	Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."					
		During the 90 days bef	fore you filed for bankruptcy, did y	ou pay any creditor a total of \$6,825* or more?			
		No. Go to line 7.					
		total amount yo	ou paid that creditor. Do not include pa	66,825* or more in one or more payments and the ayments for domestic support obligations, such as nents to an attorney for this bankruptcy case.			
		* Subject to adjustmen	it on 4/01/22 and every 3 years af	ter that for cases filed on or after the date of adjustment.			
	☐ Yes.	Debtor 1 or Debtor 2	or both have primarily consum	er debts.			
		During the 90 days bef	fore you filed for bankruptcy, did y	ou pay any creditor a total of \$600 or more?			
		☐ No. Go to line 7.					
		creditor. Do no		6600 or more and the total amount you paid that ort obligations, such as child support and alimony. bankruptcy case.			
	corporation agent, included such as ch	s include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; ions of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing cluding one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations child support and alimony. S. List all payments to an insider.					
8.		year before you filed fo d an insider?	or bankruptcy, did you make ar	ny payments or transfer any property on account of a	debt that		
	Include p	ayments on debts guara	nteed or cosigned by an insider.				
	✓ No ☐ Yes.	List all payments that be	enefited an insider.				
Р	art 4:	Identify Legal Act	tions, Repossessions, an	nd Foreclosures			
9.	List all suc	-		y in any lawsuit, court action, or administrative proce ivorces, collection suits, paternity actions, support or custody	eding?		
	□ No ☑ Yes.	Fill in the details.					
Case title IN RE THE MARRIAGE OF DEANNE M YORK V. NATHAN A YORK			Nature of the case		Status of the case		
			Family/Domestic	In the District Court of Oklahoma	✓ Pending		
				Court Name 320 Robert S Kerr Ave.	On appeal		
Case number FD-2017-3585		FD-2017-3585	_	Number Street	Concluded		
				Oklahoma City OK 73102 City State ZIP Code			

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Debt	or 1		Case number (if	known)					
Cas	e title	Nature of the case	Court or agency Status of the case						
	omotive Finance	Civil Suit/Foreign Judgement	In the District Court	In the District Court of Oklahoma			Pending		
Cor	poration v. Deanne York		Court Name	Court Name			On appeal		
			320 Robert S. Kerr	Ave.		Ш			
Cas	e number <u>CV-2021-925</u>		Number Street				Concluded		
			Oklahoma City City	OK State	73102 ZIP Code				
			Olly	Oldio	211 0000				
10.	Within 1 year before you filed fo seized, or levied?	r bankruptcy, was any of your prop	erty repossessed, foreclose	d, garnish	ned, attached,				
	Check all that apply and fill in the	details below.							
	No. Go to line 11.								
	Yes. Fill in the information be	OW.							
11.	_	ankruptcy, did any creditor, including a b	ank or financial institution, set	off anv					
•••		se to make a payment because you owed		,					
	⋈ No								
	Yes. Fill in the details.								
12.	Within 1 year before you filed for bar	nkruptcy, was any of your property in the	possession of an assignee for	the benefit	of				
	creditors, a court-appointed receiver	, a custodian, or another official?							
	⋈ No								
	Yes								
Pa	art 5: List Certain Gifts	and Contributions							
				the are the coor					
13.	within 2 years before you filed t	or bankruptcy, did you give any gift	s with a total value of more	tnan \$600	per person?				
	No	a citt							
	Yes. Fill in the details for each				_				
14.	Within 2 years before you filed for batto any charity?	ankruptcy, did you give any gifts or contri	butions with a total value of mo	re than \$60	00				
	☑ No								
	Yes. Fill in the details for each	n gift or contribution.							
Pa	art 6: List Certain Losse	9 S							
15.		nkruptcy or since you filed for bankruptcy	, did you lose anything because	e of theft, fi	re,				
	other disaster, or gambling?								
	☑ No								
	Yes. Fill in the details.								

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Deb	ebtor 1				Case number (if known)			
Р	art 7:	List Ce	rtain P	ayments or	Transfers			
16.					did you or anyone else acting on your behalf pay or transfer a cy or preparing a bankruptcy petition?	ny property to		
	Include a	any attorney	/s, bankr	uptcy petition p	reparers, or credit counseling agencies for services requir	ed for your bankruptcy		
	□ No ☑ Yes.	Fill in the	details.					
	The Gooding Law Firm, P.C. Person Who Was Paid				Description and value of any property transferred \$500.00 Costs (Filing Fee, Credit Report, Credit Counseling, Debtor Ed, postage and copies.)	Date payment or transfer was made	Amount of payment	
		nson Ave	nue		\$2,000.00 Attorney Fee	03/11/2021	\$500.00	
	ber Stre				-			
Sui	Suite 650			-	04/05/2021	\$2,000.00		
Okl	Oklahoma City OK 73102		73102					
City			State	ZIP Code	-			
Ema	il or website	e address			-			
Pers	on Who Ma	de the Paym	ent, if Not	You	-			
17.	-	/ithin 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to nyone who promised to help you deal with your creditors or to make payments to your creditors?						
	-	-	-	· ·	you listed on line 16.			
	✓ No ☐ Yes.	Fill in the	details.					
18.	-		-		did you sell, trade, or otherwise transfer any property to anyo your business or financial affairs?	one, other than		
		•			e as security (such as granting of a security interest or mortgage on ready listed on this statement.	your property).		
	✓ No ☐ Yes.	Fill in the	details.					
19.		-	-		ruptcy, did you transfer any property to a self-settled called asset-protection devices.)	trust or similar device	e of which	
	✓ No ☐ Yes.	Fill in the	details.					

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Deb	tor 1	Case number (if known)
Ρ	art 8:	List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units
20.	-	ear before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your osed, sold, moved, or transferred?
		ecking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage ension funds, cooperatives, associations, and other financial institutions.
	✓ No ☐ Yes.	Fill in the details.
21.	-	ow have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository ties, cash, or other valuables?
	✓ No ☐ Yes.	Fill in the details.
22.	`	u stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?
	لــــــا	Fill in the details.
Р	art 9:	Identify Property You Hold or Control for Someone Else
23.	-	old or control any property that someone else owns? Include any property you borrowed from, are storing for, trust for someone.
	✓ No ☐ Yes.	Fill in the details.
Р	art 10:	Give Details About Environmental Information
For	the purpo	se of Part 10, the following definitions apply:
-	hazardous	ental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of s or toxic substance, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, statutes or regulations controlling the cleanup of these substances, wastes, or material.
		s any location, facility, or property as defined under any environmental law, whether you now own, operate, or r used to own, operate, or utilize it, including disposal sites.
		s <i>material</i> means anything an environmental law defines as a hazardous waste, hazardous substance, toxic s, hazardous material, pollutant, contaminant, or similar item.
Rep	oort all no	ices, releases, and proceedings that you know about, regardless of when they occurred.
24.	Has any g law?	overnmental unit notified you that you may be liable or potentially liable under or in violation of an environmental
	✓ No ☐ Yes.	Fill in the details.
25.	Have you	u notified any governmental unit of any release of hazardous material?
	✓ No ☐ Yes.	Fill in the details.

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Deb	tor 1	Case number (if known)				
26.	Have you orders.	been a party in any judicial or administrative proceeding under any environmental law? Include settlements and				
	✓ No ☐ Yes.	Fill in the details.				
Р	art 11:	Give Details About Your Business or Connections to Any Business				
27.	Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?					
		A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time A member of a limited liability company (LLC) or limited liability partnership (LLP) A partner in a partnership An officer, director, or managing executive of a corporation An owner of at least 5% of the voting or equity securities of a corporation				
	<u> </u>	None of the above applies. Go to Part 12. Check all that apply above and fill in the details below for each business.				
28.	•	rears before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include al institutions, creditors, or other parties.				
	□ No □ Yes.	Fill in the details below.				

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Debtor 1			Case number (if known)
Part 12:	Sign Below		
that answers property by f	are true and correct. I understand tha	f Financial Affairs and any attachments, at making a false statement, concealing proper case can result in fines up to \$250,000, or imp	ty, or obtaining money or
X /s/ Dea	nne Michelle York	x	
Deanne	Michelle York, Debtor 1	Signature of Debtor 2	
Date _	05/14/2021	Date	
Did you att	ach additional pages to Your Stat	tement of Financial Affairs for Individuals	s Filing for Bankruptcy (Official Form 107)?
✓ No ☐ Yes			
Did you pay	y or agree to pay someone who is	s not an attorney to help you fill out bank	cruptcy forms?
√ No			
	ame of person		Attach the Bankruptcy Petition Preparer's Notice,
			Declaration, and Signature (Official Form 119).

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Fill in this information to identify your case:						
Debtor 1	Deanne	Michelle	York			
	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse, if filing)	First Name	Middle Name	Last Name			
United States Ban	kruptcy Court for the:	WESTERN DIS	STRICT OF OKLAHOMA			
Case number (if known)						
(II KIIOWII)						

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Hold Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Hold Claims Secured by Property (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral

What do you intend to do with the property that secures a debt?

Did you claim the property as exempt on Schedule C?

None.

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G), fill in the information below. Do not list real estate leases. *Unexpired leases* are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will this lease be assumed?

None.

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Debtor 1		Case number (if known)
Part 3:	Sign Below	
•	enalty of perjury, I declare that I Il property that is subject to an u	ve indicated my intention about any property of my estate that secures a debt and opined lease.
	nne Michelle York	X Circohyra of Dobbor 2
	Michelle York, Debtor 1	Signature of Debtor 2
	5/14/2021 M / DD / YYYY	Date MM / DD / YYYY

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B2030 (Form 2030) (12/15)

UNITED STATES BANKRUPTCY COURT WESTERN DISTRICT OF OKLAHOMA OKLAHOMA CITY DIVISION

In	n re Deanne Michelle York	Case No.
		Chapter 7
	DISCLOSURE OF COMPENSATION OF ATTORN	IEY FOR DEBTOR
1.	. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for that compensation paid to me within one year before the filing of the petition in bankruptcy, or services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in conne is as follows:	agreed to be paid to me, for
	For legal services, I have agreed to accept	\$2,000.00
	Prior to the filing of this statement I have received	\$2,000.00
	Balance Due	\$0.00
2.	. The source of the compensation paid to me was:	
	✓ Debtor Other (specify)	
3.	. The source of compensation to be paid to me is:	
	☑ Debtor ☐ Other (specify)	
4.	I have not agreed to share the above-disclosed compensation with any other person unla associates of my law firm.	ess they are members and
	☐ I have agreed to share the above-disclosed compensation with another person or person associates of my law firm. A copy of the agreement, together with a list of the names of compensation, is attached.	
5.	In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the	he bankruptcy case, including:
	a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining bankruptcy;	ng whether to file a petition in
	b. Preparation and filing of any petition, schedules, statements of affairs and plan which may	be required;

c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

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B2030 (Form 2030) (12/15)

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

05/14/2021 /s/ Mark B. Toffoli

Date Mark B. Toffoli

The Gooding Law Firm, P.C. 650 City Place Building 204 N. Robinson Avenue Oklahoma City, Oklahoma 73102 Bar No. 9045

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UNITED STATES BANKRUPTCY COURT WESTERN DISTRICT OF OKLAHOMA OKLAHOMA CITY DIVISION

IN RE: Deanne Michelle York CASE NO

CHAPTER 7

VERIFICATION OF CREDITOR MATRIX

	The above named Debtor he	reby verifies that	the attached list of	of creditors is true	and correct to the	ne best of his/her
know	ledge.					

Date <u>5/14/2021</u>	Signature	/s/ Deanne Michelle York
		Deanne Michelle York
Date	Signature	

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Automotive Finance Corporation d/b/a AFC 13085 Hamilton Crossing Blvd., Ste. 300 Carmel, IN 46032

Capital One Attn: Bankruptcy PO Box 30285 Salt Lake City, UT 84130

James Vogt 101 Park Avenue, Suite 1010 Oklahoa City, OK 73102

Keys for Hope, PLLC 14020 N. Western Ave. Edmond, OK 73013

Nathaniel York 820 NE 61st Street OKC, OK 73105

Rubin & Levin PC 135 N. Pennsylvania Street, Suite 1400 Indianapolis, IN 46204 Case: 21-11313 Doc: 1 Filed: 05/14/21 Page: 48 of 52

F	ill in this inf	ormation to i	dentify your case:			ne box only as direc	
De	ebtor 1	Deanne	Michelle	York	form and	in Form 122A-1Sup	op:
		First Name	Middle Name	Last Name	1. There is	no presumption of abuse.	
	ebtor 2 pouse, if filing)	First Name	Middle Name	Last Name	of abuse	ulation to determine if a presu applies will be made under C	hapter 7
Uı	nited States Bar	nkruptcy Court for	rthe: WESTERN DIS	TRICT OF OKLAHOMA		est Calculation (Official Form	
	ase number known)					ns Test does not apply now bed military service but it could	
					Check if	this is an amended filing	
Of	ficial Form	122A-1					
Ch	apter 7 S	tatement o	f Your Current	Monthly Income			04/20
info are o milit 122/	rmation applies. exempted from a ary service, com A-1Supp) with th	On the top of any presumption of al aplete and file State is form.	additional pages, write you buse because you do not ement of Exemption from	s form. Include the line numb our name and case number (if have primarily consumer debt Presumption of Abuse Under	known). If you belied s or because of qual	ve that you ifying	
P	art 1: Ca	Iculate Your	Current Monthly I	ncome			_
1.	What is your	marital and filin	g status? Check one or	nly.			
	☐ Not mari	ried. Fill out Colu	ımn A, lines 2-11.				
	☐ Married	and your spouse	e is filing with you. Fil	l out both Columns A and B	, lines 2-11.		
	☐ Married	and your spouse	e is NOT filing with you	u. You and your spouse a	re:		
	Livi	ing in the same l	household and are not	legally separated. Fill out	both Columns A an	d B, lines 2-11.	
	decl	are under penalty o	f perjury that you and your s	Fill out Column A, lines 2- pouse are legally separated un- not include evading the Means	der nonbankruptcy law	that applies or that you	box, you
	bankruptcy c August 31. If the in the result. Do	e amount of your moon not include any inc	§ 101(10A). For example onthly income varied during ome amount more than one	d from all sources, derived e, if you are filing on Septer the 6 months, add the income force. For example, if both spouse ing to report for any line, write \$	nber 15, the 6-mont or all 6 months and div s own the same rental	h period would be March ' vide the total by 6. Fill	
					Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
2.	•	vages, salary, tip	es, bonuses, overtime,	and commissions			
3.	Alimony and if Column B is	•	nyments. Do not include	e payments from a spouse			
4.	expenses of yregular contribution your dependent	you or your depetions from an unmains, parents, and room	ewhich are regularly parendents, including chi rried partner, members of yound the second control of the secon	Id support. Include our household, ntributions from			

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Deb	ebtor 1			Case number (if known)			
					Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
5.	Net income from operating a busine	ess, profession, o	r farm				
		Debtor 1	Debtor 2				
	Gross receipts (before all deductions)						
	Ordinary and necessary operating expenses			Сору			
	Net monthly income from a business, profession, or farm						
6.	Net income from rental and other re	eal property					
		Debtor 1	Debtor 2				
	Gross receipts (before all deductions)						
	Ordinary and necessary operating expenses			Сору			
	Net monthly income from rental or other real property			here -			
7.	Interest, dividends, and royalties						
8.	Unemployment compensation						
	Do not enter the amount if you content benefit under the Social Security Act.						
	For you						
	For your spouse						
9.	Pension or retirement income. Do was a benefit under the Social Security Act. next sentence, do not include any compens allowance paid by the United States Govern disability, combat-related injury or disability, uniformed services. If you received any retired title 10, then include that pay only to exterm amount of retired pay to which you would or under any provision of title 10 other than chemical services.	Also, except as state atton, pension, pay, a ment in connection wordeath of a membe ired pay paid under chart it does not except therwise be entitled if	ed in the nnuity, or vith a er of the napter 61 eed the				

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Deb	or 1	_			Case number (if known)			
					Column A Debtor 1	Column B Debtor 2 or non-filing s		
10.	payme declar (50 U. (COVI humal pay, a conne memb	nt. Do ents m red by .S.C. 1 ID-19); nity, or annuity, ection v per of t	om all other sources not listed above. Spenot include any benefits received under the Social ade under the Federal law relating to the national of the President under the National Emergencies Act 601 et seq.) with respect to the coronavirus disease payments received as a victim of a war crime, a crinternational or domestic terrorism; or compensation or allowance paid by the United States Governme with a disability, combat-related injury or disability, one uniformed services. If necessary, list other source and put the total below.	Security Act; emergency e 2019 rime against ion, pension, ent in or death of a				
11.	Calcu Add lin	ulate ; nes 2 t	onts from separate pages, if any. your total current monthly income. hrough 10 for each column. e total for Column A to the total for Column B.		+		=[=[otal current
Ρ	art 2:	ı	Determine Whether the Means Te	est Applies to You			m	nonthly income
12.	Calc	ulate	your current monthly income for the year	. Follow these steps:			г	
	12a.	Сор	y your total current monthly income from line	÷ 11	Сс	ppy line 11 here	→ 12a.	
		Mult	iply by 12 (the number of months in a year).				г	X 12
	12b.	The	result is your annual income for this part of t	the form.			12b.	
13.	Calc	ulate	the median family income that applies to	you. Follow these steps:				
	Fill in	the s	tate in which you live.					
	Fill in	the n	umber of people in your household.					
	Fill in	the m	nedian family income for your state and size			13.		
			of applicable median income amounts, go online ι or this form. This list may also be available at the l	arate				
14.	How	do th	e lines compare?					
	14a.		Line 12b is less than or equal to line 13. O Go to Part 3. Do NOT fill out or file Official		x 1, There is	no presumption of a	abuse.	
	14b.		Line 12b is more than line 13. On the top of Go to Part 3 and fill out Form 122A-2.	of page 1, check box 2, The	presumption o	f abuse is determine	ed by Forn	n 122A-2.

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·1	Case number (if known)						
rt 3: Sign Below	Sign Below						
By signing here, I declare under penalty of perjury that the	he information on this statement and in any attachments is true and correct.						
Χ /s/ Deanne Michelle York	X						
X /s/ Deanne Michelle York Deanne Michelle York, Debtor 1	X Signature of Debtor 2						
	X Signature of Debtor 2						

If you checked line 14b, fill out Form 122A-2 and file it with this form.

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Fill in t	his inf	ormation to id	entify your case:	:					
Debtor 1		Deanne	Michelle	York					
20210.		First Name	Middle Name	Last Name	_				
Debtor 2 (Spouse,	if filing)	First Name	Middle Name	Last Name	_				
			ha. WESTERN DIS	TRICT OF OVI AHOM/					
		ikrupicy Court for t	ne. WESTERN DIS	TRICT OF OKLAHOMA	<u>`</u>				
Case nur									
`					Check if this is an amended f	iling			
Official	Form	122A-1Sup	0						
		-	_	nntion of Abuse I	Jnder § 707(b)(2)	12/15			
Statem	ient c	i Exemplior	THOM Fresum	iption of Abuse (onder § 707(b)(2)	12/13			
-	-			•	icial Form 122A-1), if you believe ble. If two married people are				
•	•			· ·	er person should complete a				
separate Fo	orm 122A	-1 if you believe that	this is required by 11 U	.S.C. § 707(b)(2)(C).					
Part 1:	Ide	entify the Kind	of Debts You Ha	ve					
					LLS C. § 101(8) as "incurred by an individual prim	narily for a			
perso	Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for personal, family or household purpose." Make sure that your answer is consistent with the answer you gave at line 16 of the Voluntary Petition for Individuals Filing for Bankruptcy (Official Form 101).								
☑ 1			on the top of page 1 of ent with the signed For		There is no presumption of abuse, and sign Part 3.	Then			
	Yes. G	o to Part 2.							
Part 2:	De	termine Whetl	her Military Servi	ce Provisions Apply	to You				
· · · · · · · · · · · · · · · · · · ·	e you a disabled veteran (as defined in 38 U.S.C. § 3741(1))? No. Go to line 3.								
<u></u>		Did you incur debts mostly while you were on active duty or while you were performing a homeland defense activity?							
		10 U.S.C. § 101(d)(1); 32 U.S.C. § 901(1).							
		No. Go to line	e 3.						
		Yes. Go to Form 122A-1; on the top of page 1 of that form, check box 1, There is no presumption of abuse, and Then submit this supplement with the signed Form 122A-1.							
3. Are y	ou or ha	ave you been a Re	eservist or member of	f the National Guard?					
□ ¹	No. C	omplete Form 122/	A-1. Do not submit this	supplement.					
`	Yes. W	Were you called to active duty or did you perform a homeland defense activity? 10 U.S.C. § 101(d)(1); 32 U.S.C. § 901(1)							
	□ No.	. Complete Form 122A-1. Do not submit this supplement.							
Ī	 □ Yes	. Check any one	of the following catego						
			ctive duty after Septers		If you checked one of the categories to the left, g Form 122A-1. On the top of page 1 of Form 122	-			
		I was called to active duty after September	ember 11, 2001,	box 3, The Means Test does not apply now and sig	-				
		for at least 90 day	least 90 days and was released from		art 3. Then submit this supplement with the signed Form 22A-1. You are not required to fill out the rest of Official				
		file this bankrupto	which is fewer than y case.	UTU UAYS DEIDIE I	orm 122A-1 during the exclusion period. The exclusion	exclusion			
	П	I am performing	a homeland defense	activity for at	period means the time you are on active duty or are performing a homeland defense activity, and for 540 da				
	٦	least 90 days.		-	afterward. 11 U.S.C. § 707(b)(2)(D)(ii).				
		least 90 days, e	omeland defense action anding onays before I file this bar	which is	If your exclusion period ends before your case is you may have to file an amended form later.	s closed,			